2017 - 03 - 17 - 03 - 00144242

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2017 MAR 17 AM 7:54

			Off	ice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
DIAIVIJO IPIAIG			<u> </u>	
DELLIVEGING	Americani	VIAILIURISI I-TINI	DC	
ADDRESS (number and street)	1951 whilten	Birilidisie Ridi	<u> </u>	
(Check if address is changed)	15011itie 12071	/		
	MAIS bIVILLE		STATE A	7,2051-L
COMMITTEE'S E-MAIL ADDRE	SS		•	
(Check if address is changed)	Itbrewer @	jid zirioivipinie	; it	
	Optional Second E-Mail Add	V	•	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		•	
(Check if address is changed)			1:1111	<u> </u>
			<u> </u>	
		v		
2. DATE (3)	7 2017			
3. FEC IDENTIFICATION NU	umber ▶ [C]	لينين		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	· · · · · · · · · · · · · · · · · · ·	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasure	Town R	rewer		
Type of Film Name of Treasure	r Iroy D	i ewo.		
Signature of Treasurer	Teg Mum		Date U3	07/2017
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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5.	–		OMMITTEE	-		
	Can	didate	Committee:			
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate [
	Cand Party	lidate Affiliati	Office Sought: House Senate President	State		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Part	ly Con	nmittee:			
	(d)			Democratic, lepublican, etc.) Party.		
	Polit	tical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:		
			Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
•	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Join	t Fund	Iraising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
	Committees Participating in Joint Fundraiser					
		1.	FEC ID number			
		2.	FEC ID number			
		3.	FEC ID number			
		4.	FEC ID number C			

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Write or Type Committee N	ame		
DAVID PAC	·		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundralsing Repr	esentative, o	r Leadership PAC Sponsor
DAVID KUS	TOFF		<u> </u>
1/6/6/11 Agro	n Brenner Dr IIIIII		
Mailing Address	5 U I TE 3 O O		
	<u> </u>	1 1 1 1	
	MEMORIS	1-1	12017011466
	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising	Representation	ve Leadershin PAC Snonso
, rotationip, [iii]		, roprosormati	A section of the species
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position	on of the per	son in possession of committee
Full Name JA	MES, TROY BREWER		1 1 1 1 1 1 1 1 1
Mailing Address	1951 White Brudge Rd		
	150inte 2017	1_1 1 1	
	WAShVille	IM	137205-
Title or Position	CITY	STATE	ZIP CODE
1/REASIURE	KIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	iber <u>(4</u> /	'151-16681-15161519
Treasurer: List the name any designated agent (e)	e and address (phone number optional) of the treasurer of the g., assistant treasurer).	committee; a	and the name and address of
Full Name of Treasurer	MES TROY BreWer	1.1.1	
Mailing Address	1951 Mbirte Bridge Rd		·
	1501/te 2011		
	Wash Willer	[N] STATE	37205 - L ZIP CODE
Title or Position	Tolophono gum		217 0002 (51-16681-15659

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Full Name of Designated Agent	· .	<u> </u>	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Tele	ephone number	J-LL
safety deposit boxes or a Name of Bank, Deposito			
Mailing Address	14328 HARDING PI		
	WAShulle		37,2051-1
Name of Park, Describe	CITY	STATE	7:0 0005
Name of Bank, Deposito	rry, etc.	•	ZIP CODE
Name of Bank, Deposit	rry, etc.		ZIP CODE

CITY

STATE

ZIP CODE

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Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 3/10/17	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	·
No Postmark	,
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
A)	3/17/17

DATE PREPARED

PREPARER (3/2015)